

# Security Agreement for NHS Online Reporting Systems Instructions

## STATEMENT OF PURPOSE:

To allow NHS to establish user identity and issue authorization for participation in the filing of on-line agreement, application, site and claim for reimbursement forms.

## COMPLETION INSTRUCTIONS:

1. Enter the complete and official name of the school district or sponsor in the **School District/Sponsor Name** area.
2. Enter the name of the user in the **Name of User** area. The user must be the school nutrition director or administrator of the food program.
3. Enter the office address of the user in the **Address of User** area.
4. Enter the area code and phone number of the user in the **Phone Number of User** area.
5. Enter the complete e-mail address of the user in the **E-Mail Address of User** area.
6. Enter the birthdate of the user.
7. Enter the name of the sponsor's finance officer, accountant or bookkeeper who will be responsible for claim payments in the **Name of Sponsor's Financial Contact** area.
8. Enter the complete e-mail address of the sponsor's finance officer, accountant or bookkeeper who will be responsible for claim payments in the **E-mail Address of Sponsor's Financial Contact** area.
9. If you are recognized by the Kentucky Department of Education as an accredited school district, provide your 9-digit code number + diocese/type that was issued by the Department. If you have not been recognized by the Department of Education as a public or private school, a number will be assigned to you by Nutrition and Health Services.
10. Place a check next to the type of organization you have filed as with the IRS.
11. Place a check next to each program you are requesting to administer.
12. Place a check next to any Child Nutrition Program in which you already participate or from which you receive reimbursement. Please enter the sponsor number + diocese/type under which you participate.
13. Place a check next to any Child Nutrition Program in which you are not presently participating but in which you have participated in the past. If you know it, please enter the sponsor number + diocese/type under which this program was registered.

## SIGNATURES:

This form requires signatures of both the applicant and his/her immediate supervisor.

Upon completion, mail or fax the form to:

Division of Nutrition and Health Services  
Kentucky Department of Education  
5<sup>th</sup> Floor, Capital Plaza Tower  
500 Mero Street  
Frankfort, KY 40601  
Fax: (502) 564-8919

**Kentucky Department of Education  
Division of Nutrition and Health Services  
Security Agreement for NHS Online Reporting Systems**

Security for systems developed by Nutrition and Health Services is maintained through a user ID and password issued to the SFS Director or program administrator. Only one user ID is allocated per sponsor for the express purpose of filing online approval and claim documents. If the designated user changes, a new form must be completed, signed by the appropriate authorizing agents, and submitted to: Nutrition and Health Services, 5<sup>th</sup> Floor, Capital Plaza Tower, 500 Mero Street, Frankfort, KY 40601 or faxed (502) 564-8919.

**School District/Sponsor Name:** \_\_\_\_\_

**Name of User (SFS Director/Administrator):** \_\_\_\_\_

**Business Address of School/Sponsor:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Name of Sponsor's Financial Contact:** \_\_\_\_\_

**E-Mail Address of Sponsor's Financial Contact:** \_\_\_\_\_

**If you are recognized by the Kentucky Department of Education, please enter your sponsor 9 digit number, Diocese and Type here:**

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**Type of Organization (choose one):**

- ☐ School
- ☐ Partnership
- ☐ Incorporated
- ☐ Sole Proprietor
- ☐ Local/Government/Nonprofit

**Check the programs you are applying to administer:**

- ☐ National School Lunch Program/School Breakfast Program/Special Milk
- ☐ Special Milk Only
- ☐ Summer Food Service Program
- ☐ Family Day Care Home
- ☐ Child and Adult Care Food Program – For-profit
- ☐ Child and Adult Care Food Program – Nonprofit
- ☐ Adult Day Care

[illegible][illegible]

**WARNING: User ID's will only be issued to SFS Directors or Administrators. Sharing of this user password with other individuals makes you liable for their activities within the NHS Online Reporting system.**

- Users will notify the Division of Nutrition and Health Services immediately of any changes affecting staff or responsibility regarding this Security Agreement.
- A new Security Agreement **MUST** be completed if there is any change at the sponsor level in the information collected above.
- Users will not use any provided technology to engage in any activity that violates local, state or federal law or policy.
- Users will not originate any information that may destroy, damage, endanger or disrupt data or services. If deliberate action results in damage to network areas, user will be held financially and legally responsible for any associated costs.
- Users who suspect that their account is being used by another individual, or that there is a possibility that their logon information has been accessed by another individual, are to report said activity immediately to the Nutrition and Health Services 502-564-5625 for further guidance.
- Users will not attempt to gain unauthorized access to any services or network areas or use another account, password, or other files without permission.
- The User may access only records that he/she has express permission to use as set forth in the School District/Sponsor field of this Security Agreement. Under no circumstances may a user access records of other districts/sponsors.
- Attempting to log on to any Nutrition and Health Services system without permission will result in cancellation of user privileges.
- Users identified as a security risk for having a history of violating usage policies or security agreements may be denied access.
- Users and their activities on the network may be monitored without prior consent. Network activity relating to or in support of illegal activities may be reported to law enforcement or supervising personnel and could result in the loss of privileges and/or prosecution under applicable criminal law.
- The school food service director/administrator is responsible for all data and network usage regardless of the identity of the designated user.

I have read the security policies and understand and will comply with the guidelines set forth by the Division of Nutrition and Health Services. I understand that this agreement will expire if there is a change in staff or when I leave the food service program. I further understand that any violation of this policy may result in network privileges being revoked and/or in my being subject to the penalties set forth above as well as any other additional penalties or disciplinary actions that may be enforced. Furthermore, I understand that violations, which constitute criminal conduct, will be referred to the appropriate law enforcement agencies, and that system administrators of the Division of Nutrition and Health Services shall remain the final authority on use of the network and issuance of user accounts.

I certify that, to the best of my knowledge, the information reported will be true and correct in all aspects, and executed in full accordance with the terms of the existing agreement(s); and that records will be available to support all data; and that the school food service director/administrator is responsible for receiving and analyzing meal counts to ensure accuracy.

**Signature of SFS Director/Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Immediate Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_